

600

The screenshot shows a web browser window with the address bar displaying a URL. The page title is "Welcome to Maestro". The main content area features a large "M" logo and a welcome message. Below the message is a login form with two input fields: "Email address:" (labeled 610) and "Password:" (labeled 620). A "Go" button is positioned to the right of the password field. The bottom of the browser window shows the "Internet zone" status.

Address: <http://128.143.217.3/maestro/fmPro?DB=maestro.fp3&resid=33628&intra=10/23/2000-14:57:47&script=SalineData&Format=rt> Go

Session ID: 4803

MAESTRO

Welcome to *Maestro*, your online authoring interface! *Maestro* was built to provide you with a template for authoring, help you find appropriate multimedia images, and to allow you to interact with our medical editor, Katy Mullin, without having to come to our offices or work with any other software. We hope this makes your authoring experience as painless as possible. Please email us at cardioconcepts@cardioconcepts.com or call 804.244.5060 with feedback on the interface, functionality, or any other aspect of *Maestro* that might help improve your authoring experience. Thanks for Authoring!

Please enter email address and password and click the button to continue...

Email address: 610

Password: 620

Internet zone

FIG. 6

700

700

MAESTRO

Session ID: 4803

1: Ralph Buckley, University of Virginia
Email address: rbuckley@virginia.edu

Enter Maestro as an: ☒ Author ☐ Editor

710

Internet zone

FIG. 7

800

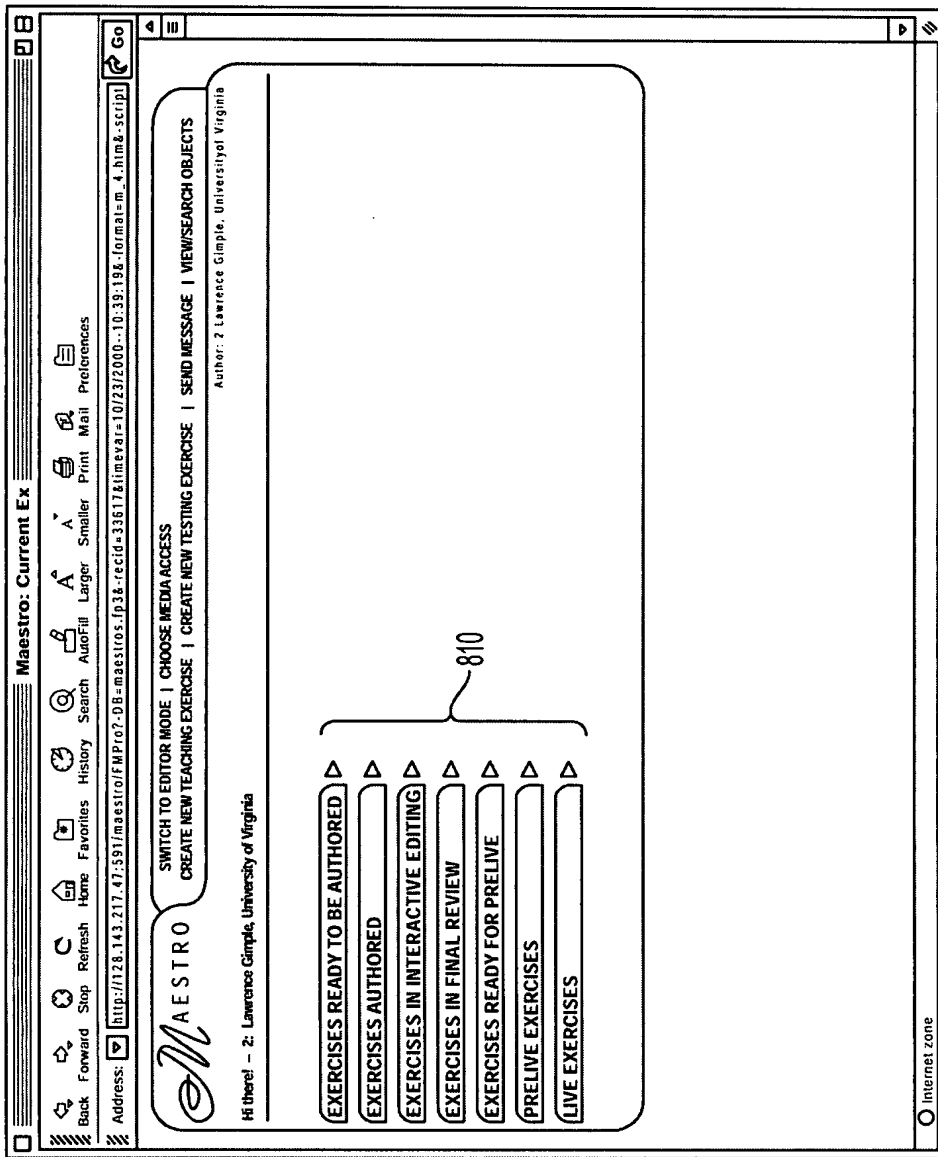


FIG. 8

900

MAESTRO Session ID: 4795

Exercise Name Goes Here... Status: Authored
Universe: CARDIOCONCEPTS UNIVERSE College: Authors' Pavilion Seminar: Authors' Cases
Created: 10/23/2000-11:40:05 Author: Ralph Buckley 10/23/2000-11:40:05 Editor:
Total question: 0 Access levels: 0

NO QUESTIONS OR STATEMENTS CURRENTLY EXIST

EXERCISE ISN'T ALLOCATED IN A PARTICULAR PAVILION OR SEMINAR SUGGESTED ALLOCATION ABOVE

Comment:

Exercise name: 920 905 910 915

Exercise text: 925

Access levels: ☒ 0: Cardiologist ☐ 1: Primary Care Provider ☐ 2: Medical Student ☐ 3: Medical Housestaff ☐ 4: Patient

☐ Sign as CoM
Beginning of Publish as CoM (if applicable):
End of Publish as CoM (if applicable):

930

FIG. 9

1000

Maestro Session ID: 4806

Cath Conference - Friday, October 27, 2000 Status: Authored
Universe: CARDIOCONCEPTS UNIVERSE College: Generic College Pavilion: Conference Seminar: Conference Cases
Created: 10/20/2000--13:45:09 Author: Eric Powers 10/24/2000--9:47:51 Editor:
Total question: 17 Access levels: 0 1 2 3 Author used record

Comment:

Text of Question:

Disclaimer:

Objectnum: 1600 Picture of Elizabeth Le and Eric Powers for cath conference 9/15/00
Type in a description of the multimedia object you want
Object Description:

Tricorder:

☐ Correct if signed Rank: 1 1055
 Objectnum: Select different object for answer response or leave empty 1060
Object description: Type in a description of the multimedia object you want 1065
Answer Choice:
Answer Response: 1070

☐ Correct if signed Rank: 2 1075
 Objectnum: Select different object for answer response or leave empty
Object description: Type in a description of the multimedia object you want
Answer Choice:
Answer Response:

1005 1020 1025 1050

FIG. 10

1100

Maestro: Object Se

Back Forward Stop Refresh Home Favorites History Search AutoFill Larger Smaller Print Mail Preferences

MAESTRO

SEARCH

Object number: 1105 Ready: 1110

Object type: *

Text: 1115

Date Requested: 10/23/2000

Copyright: *

SUBMIT

View All Object

No correct selection set

FIG. 11

1200

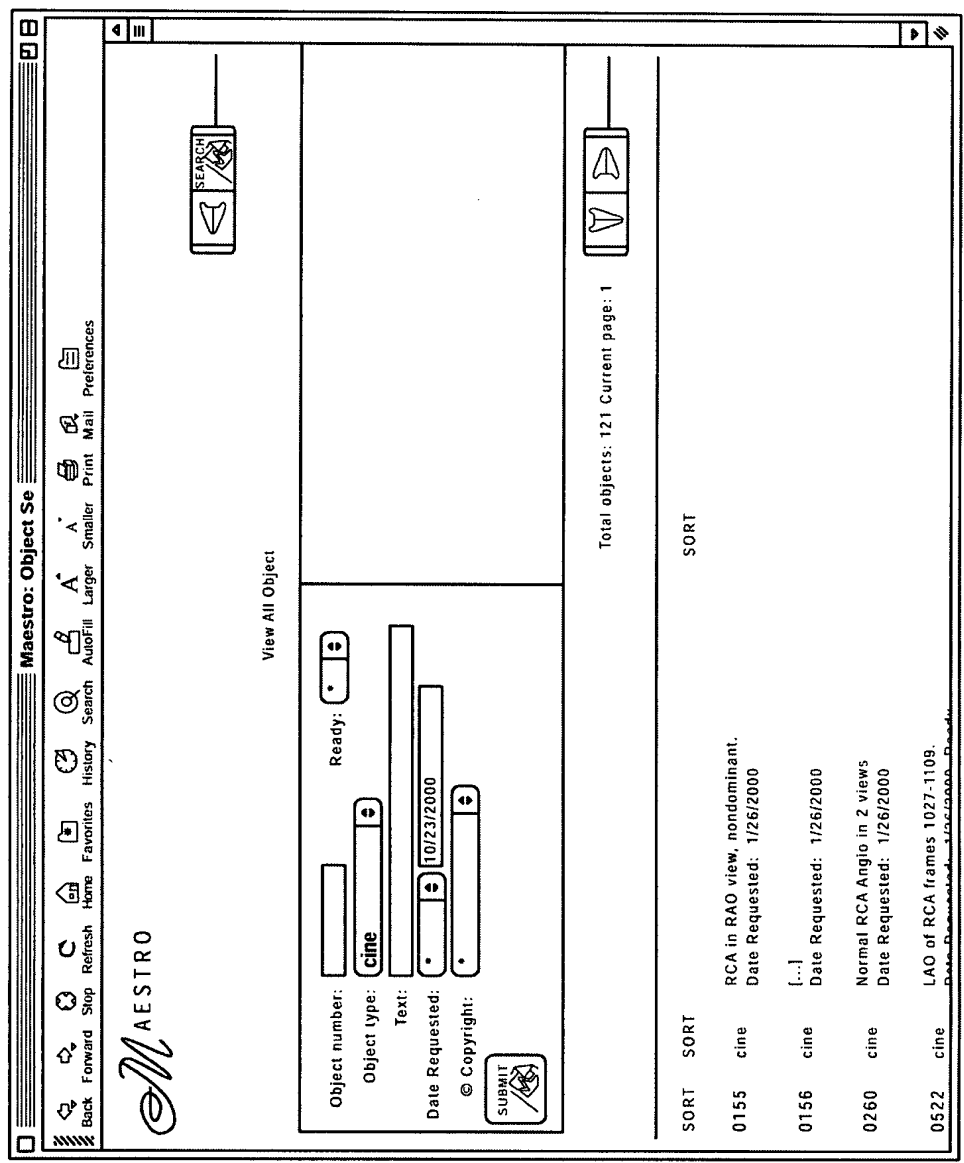


FIG. 12

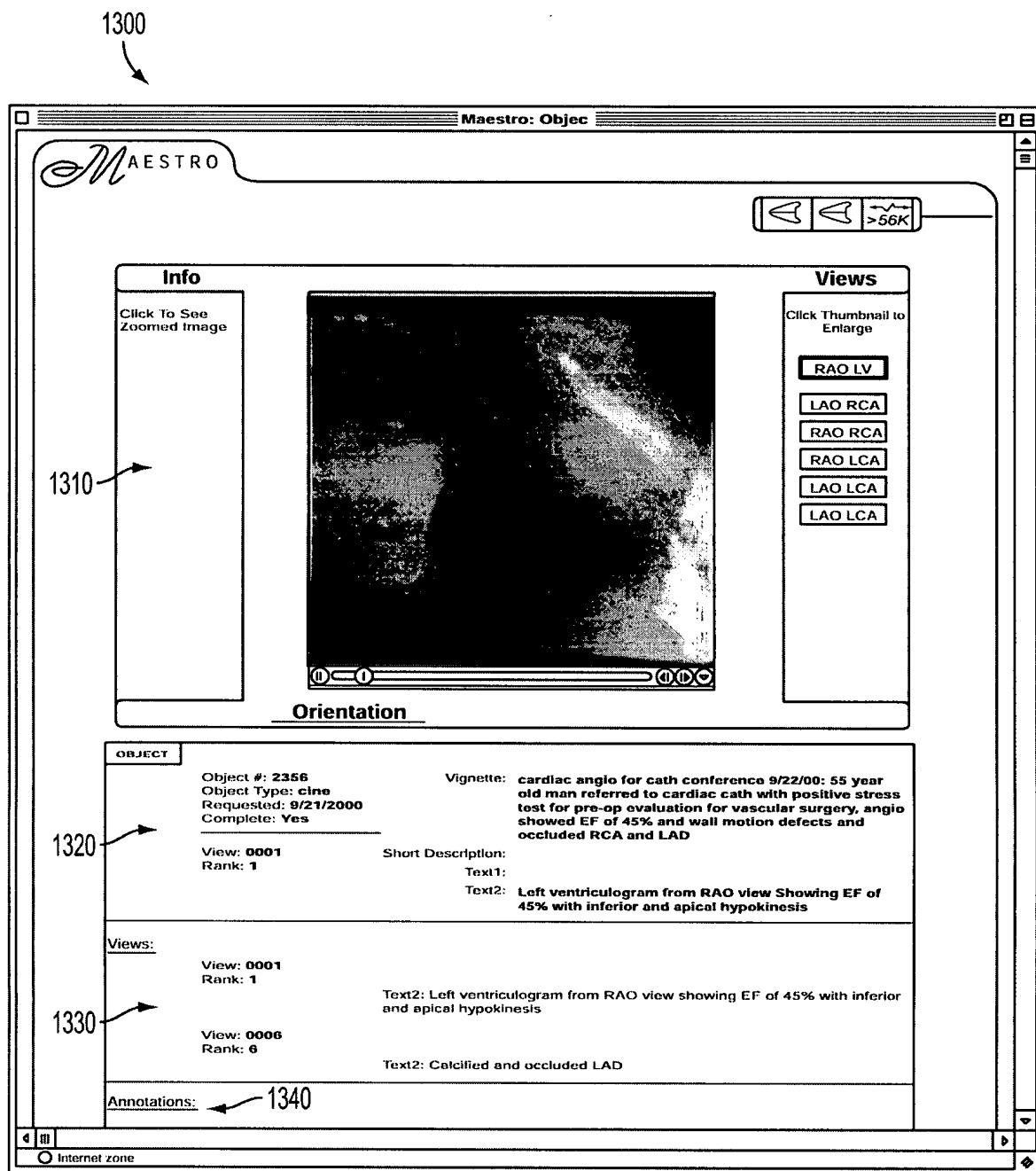


FIG. 13



1400

Maestro Disclaimer Selection

Address: http://128.143.217.3/maestro/fmPro?DB=maestros.fp3&recid=33626&timevar=10/23/2000-13:07:46&Format=m_19.htm&script=Set Go

MAESTRO

☒ Click on the ☒ to select disclaimer:

<input checked="" type="checkbox"/>	<div>Generic Drug Brand Name Class Name Disease Name Type of Disclaimer Drug Specific</div>	<div>Tirofiban, in combination with heparin, is indicated for the treatment of acute coronary syndromes, including patients who are to be managed medically and those undergoing PTCA or atherectomy.</div>
<input checked="" type="checkbox"/>	<div>Generic Drug Brand Name Class Name Disease Name Type of Disclaimer Drug Specific</div>	<div>Therapy with lipid-altering agents should be considered in those individuals at increased risk for atherosclerosis-related clinical events as a function of cholesterol level, the presence of CHD, or other risk factors. Lipid-altering agents should be used in addition to a diet restricted in saturated fat and cholesterol when the response to diet and other nonpharmacological measures alone has been inadequate.</div>
<input checked="" type="checkbox"/>	<div>Generic Drug Brand Name Class Name Disease Name Type of Disclaimer Drug Specific</div>	<div>Only metoprolol and atenolol are FDA approved for "early use" in MI. Propranolol and timolol are FDA approved after patient survives the acute phase of MI. The authors do not recommend the use of other beta adrenergic blockers for this indication.</div>
<input checked="" type="checkbox"/>	<div>Generic Drug Brand Name Class Name Disease Name Type of Disclaimer Drug Specific</div>	<div>Lisinopril is FDA approved for stable patients within 24 hours of acute MI; captopril for stable patients with LV dysfunction after MI; ramipril for CHF in stable patients within the first days after MI. The authors do not recommend the use of other angiotensin</div>

Internet zone

FIG. 14

1500

Address: <http://128.143.217.3/maestro/ipro?db=MaestroS.jp3&recID=33631&tracketIn1=1.2843.2844.7914.0.0.0001.0&timevar=> Go

M_6

Session ID: 4806

MAESTRO

Cath Conference - Friday, October 27, 2000 Status: Authored
Universe: CARDIOCONCEPTS UNIVERSE College: Generic College Pavilion: Conference Seminar: Conference Cases
Created: 10/20/2000--13:45:09 Author: Eric Powers 10/24/2000--9:47:51 Editor:
Total question: 16 Access levels: 0 1 2 3 Author used record

CANCEL DELETE ACCEPT

Comment:

Text of Question: 1505
Thanks to the coordinators of this week's case!

Disclaimer: 1510
BROWSE

Objectnum: 1515
BROWSE

Object Description: 1515
Type in a description of the multimedia object you want
Placeholder Text Goes Here ...

Tricorder:

Picture of Elizabeth Le and Eric Powers for cath conference 9/15/00
1520
1525

Internet zone

FIG. 15

1600

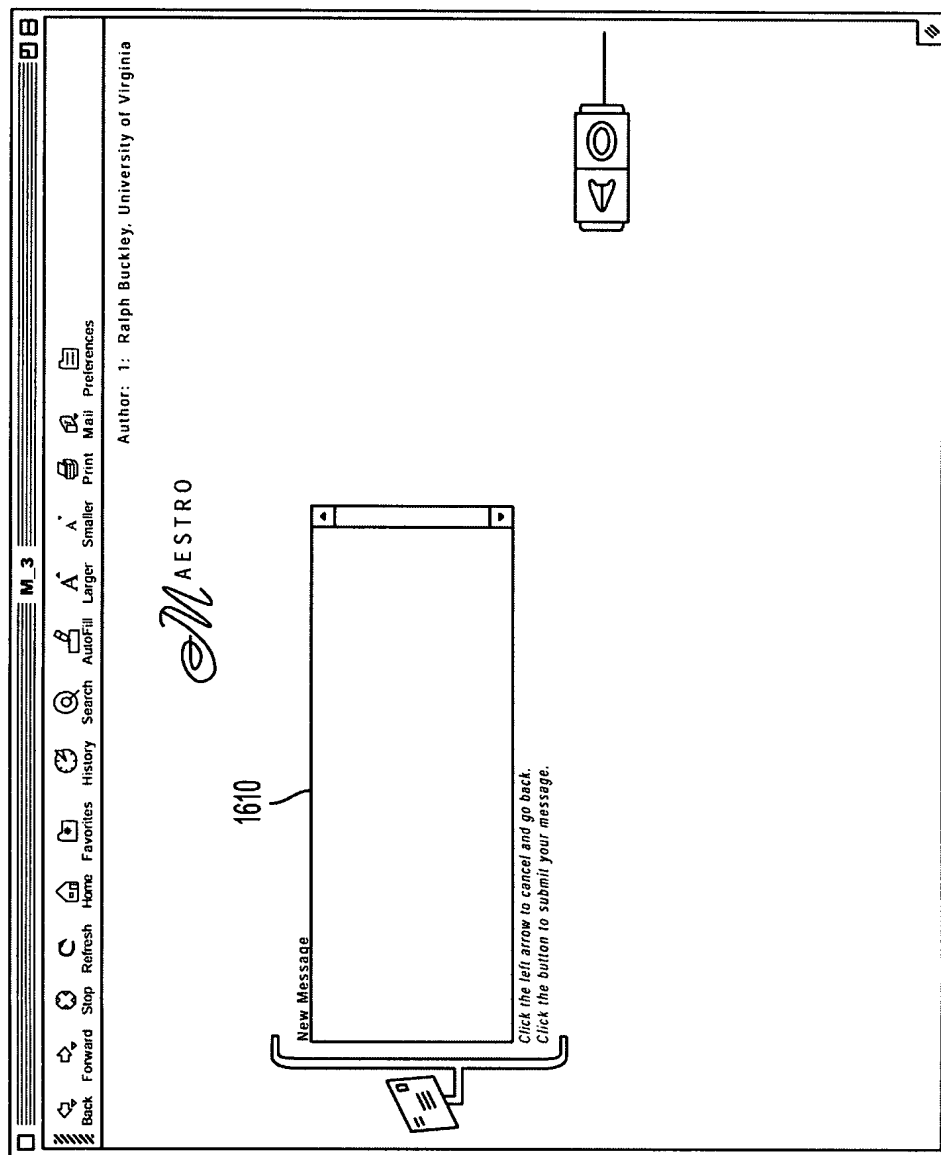


FIG. 16

1700

[Address:](#)
<http://128.143.2.17.3/maestro/impio2-db=MaestroS.jp34-recID=33626&imevar=10/23/2000--13:06:36&CUNum=2&CCNum=4&CPNum=7&...>

[Go](#)

[Questions/Statements](#)

Session ID: 4801

MAESTRO

CLONE ++ TEE for Cardioversion of Patient with Atrial Fibrillation Status: Interactive Editing
 Universe: CARDIOVILLAGE UNIVERSE College: CardioVillage Pavilion: Echocardiography Seminar: Echo Literature
 Created: 3/31/2000--13:29:52 Author: Ralph Buckley 10/23/2000--9:06:43 Editor: Ralph Buckley 10/23/2000--13:06:43
 Total question: 13 Access levels: 0 1 3 2 Author used record

Select Question or Statement below, choose a command

Statement Rank: 1 Level: 5 Final Medical Approval Object: 1824 single 1710 A

Author used record
 This literature review will concentrate on the use of transesophageal echocardiography to expedite elective cardioversion of atrial fibrillation. The ACUTE Study results will also be available after the ACC meeting in March 2000. Look for an update to this lesson next month. The following will be discussed: 1. Current standard of care, with review of the Recommendations of the Fifth ACCCP Consensus Conference on Antithrombotic Therapy 2. Cardioversion from Atrial Fibrillation without Prolonged Anticoagulation with the Use of Transesophageal Echocardiography to Exclude the Presence of Atrial Thrombi 3. Cardioversion Guided by Transesophageal Echocardiography: The ACUTE Pilot Study: A Randomized, Controlled Trial.
 Editor's changes
 This literature review will concentrate on the use of transesophageal echocardiography to expedite elective cardioversion of atrial fibrillation. The ACUTE Study results were reported at the ACC Scientific Sessions in March, 2000, and are included in this discussion. The following will be discussed: 1. Current standard of care, with review of the Recommendations of the Fifth ACCCP Consensus Conference on Antithrombotic Therapy 2. Cardioversion from Atrial Fibrillation without Prolonged Anticoagulation with the Use of Transesophageal Echocardiography to Exclude the Presence of Atrial Thrombi 3. Cardioversion Guided by Transesophageal Echocardiography: The ACUTE Pilot Study: A Randomized, Controlled Trial

Statement Rank: 2 Level: 3 Ready for Medical Approval Object: 1839 literature A

accp guidelines for af management
 Atrial fibrillation affects over 2 million Americans, with the incidence of AF increasing with age. The appropriate management of patients with AF is still being studied in multi-center trials. Elective cardioversion from AF to sinus rhythm is a common procedure which carries with it risk of thromboembolic events. Most of these thromboembolic events occur because of left atrial appendage thrombi. Recommendations of the Fifth ACCCP Consensus Conference on Antithrombotic Therapy are listed above. Please review them to learn the standard of care for cardioversion of patients with AF.

Question w/4 Answer(s) Rank: 3 Level: 3 Ready for Medical Approval Object: 1839 literature

Intend zone

FIG. 17

Address: <input type="text" value="http://128.143.217.3/maestro/Impro7-db-Maestros.Ip3&:recID=33626&rackerin1=2.4.7.7854-0-13286-0-0-0001-0&timevar=10/23/"/>		Go <input type="button" value="Go"/>	
CLONE ++ TEE for Cardioversion of Patient with Atrial Fibrillation Status: Interactive Editing Universe: CARDIOVILLAGE UNIVERSE College: CardioVillage Pavilion: Echocardiography Seminar: Echo Literature Created: 3/31/2000--13:29:52 Author: Ralph Buckley 10/23/2000--9:06:43 Editor: Ralph Buckley 10/23/2000--13:06:43 Total question: 13 Access levels: 0 1 3 2 Author used record			
Current Question Status: Final Medical Approval <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">1810</div> <div style="margin-right: 10px;"><input type="radio"/></div> <div style="margin-right: 10px;"><input type="radio"/></div> <div style="margin-right: 10px;"><input type="radio"/></div> <div> Edited, Grammar Ready for Medical Approval Changes -- Content </div> </div>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="button" value="DELETE"/> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="button" value="ACCEPT"/> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="button" value="ACCEPT"/> </div> </div>	
Comment: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		This literature review will concentrate on the use of transthoracic echocardiography to expedite elective cardioversion of atrial fibrillation. The ACUTE Study results will also be available after the ACC for an update to this lesson next month. The following will be discussed: 1.	
Text of Question: <div style="border: 1px solid black; padding: 5px;"> Current standard 1820 review of the Recommendations of the Fifth ACCP Consensus Conference on A c Therapy 2. Cardioversion from Atrial Fibrillation without Prolonged Anticoagulation of Transthoracic Echocardiography to Exclude the Presence of Atrial Thrombi 3. Cardioversion Guided by Transthoracic Echocardiography: The ACUTE Pilot Study: A Randomized, Controlled Trial </div>		This literature review will concentrate on the use of transthoracic echocardiography to expedite elective cardioversion of atrial fibrillation. The ACUTE Study results were reported at the ACC Scientific Sessions in March, 2000, and are included in this discussion.	
Editor's changes: 1830		Disclaimer: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
BROWSE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Objectum: 1824	
Tricorder: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		"Man of Card in Pa with	

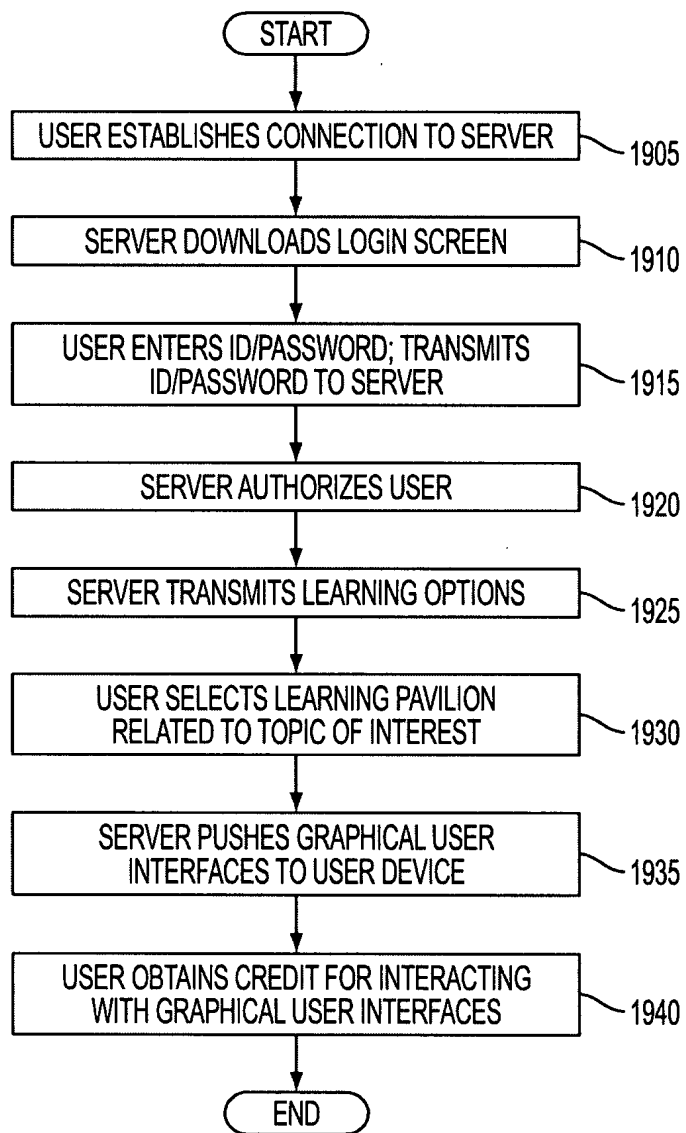


FIG. 19

2000

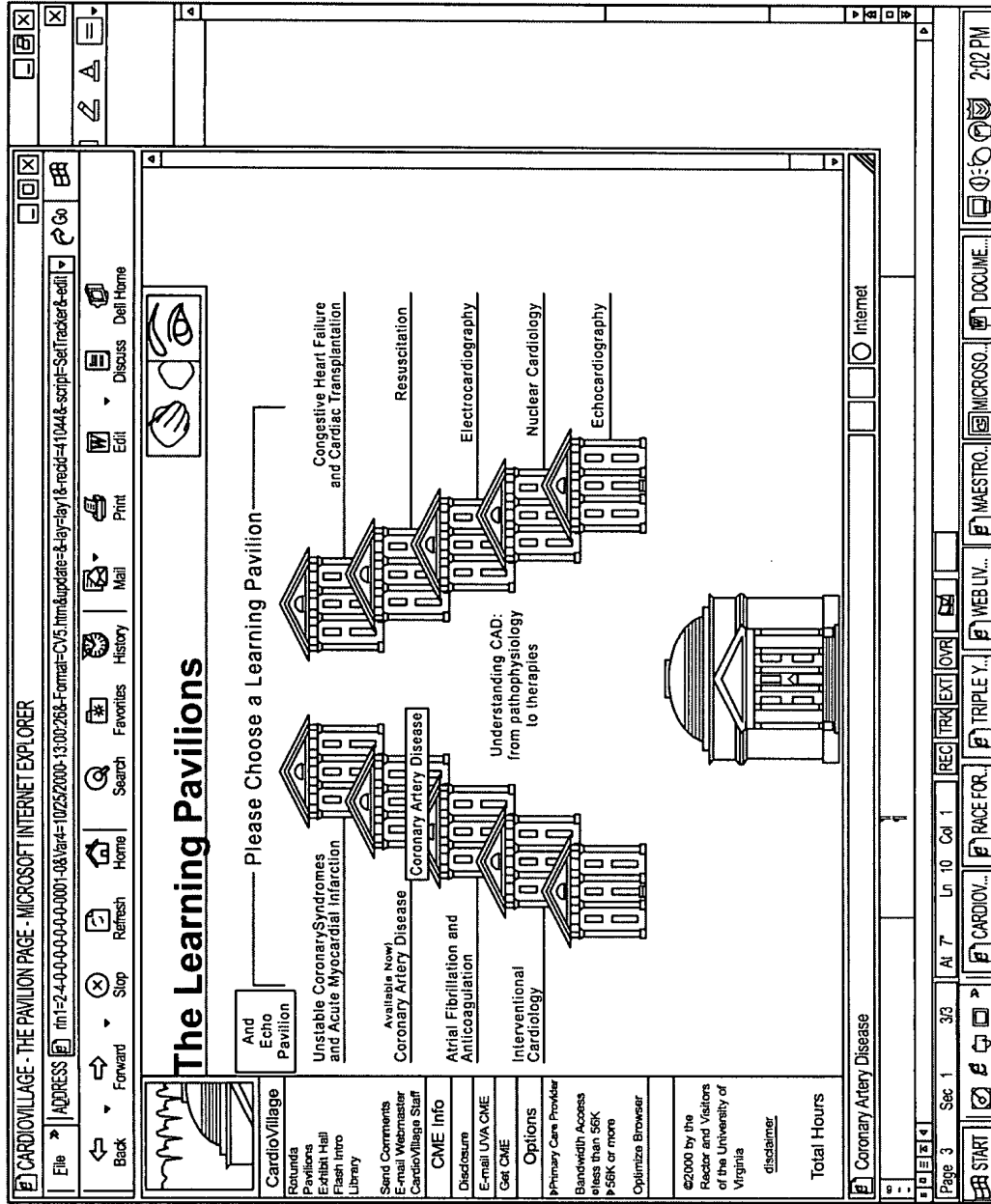


FIG. 20

20



2200

CARDIOVILLAGE - CORONARY ARTERY DISEASE PAVILION - MICROSOFT INTERNET EXPLORER

File Edit View Favorites History Search Home Stop Refresh Back Forward

ADDRESS: http://www.heart.org/.../coronary-artery-disease-pavilion.html

Coronary Artery Disease Pavilion

Home Pretest Tutorials Literature Cases Board Review Posttest

Coronary Artery Disease Pavilion

- Acute Coronary Syndrome**
This case presentation reviews many of the important considerations and advances in the management of patients presenting with unstable angina or non-Q-wave myocardial infarction.
- Acute Myocardial Infarction with ST Elevation**
The management of patients with acute myocardial infarction and ST elevation is one of the greatest challenges in medicine. Careful review of the clinical guidelines and medical evidence is important in understanding optimal management strategies.
- Cath Conference - Friday, March 3, 2000**
Angioplasty versus stenting in a case of acute myocardial infarction.
- Risk Stratification and Management in Unstable Angina**
Role of cardiac markers and risk assessment in a patient presenting with a possible acute coronary syndrome.

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disclaimer

Total Hours

Page 5 Sec 1 55 AI 7.2 Ln 11 Col 1 REC TRK EXT OVR

START CARDIOV... RACE FOR... TRIPLE Y... MAESTRO... MICROSO... DOCUMENTE

2:03 PM

FIG. 22

2300

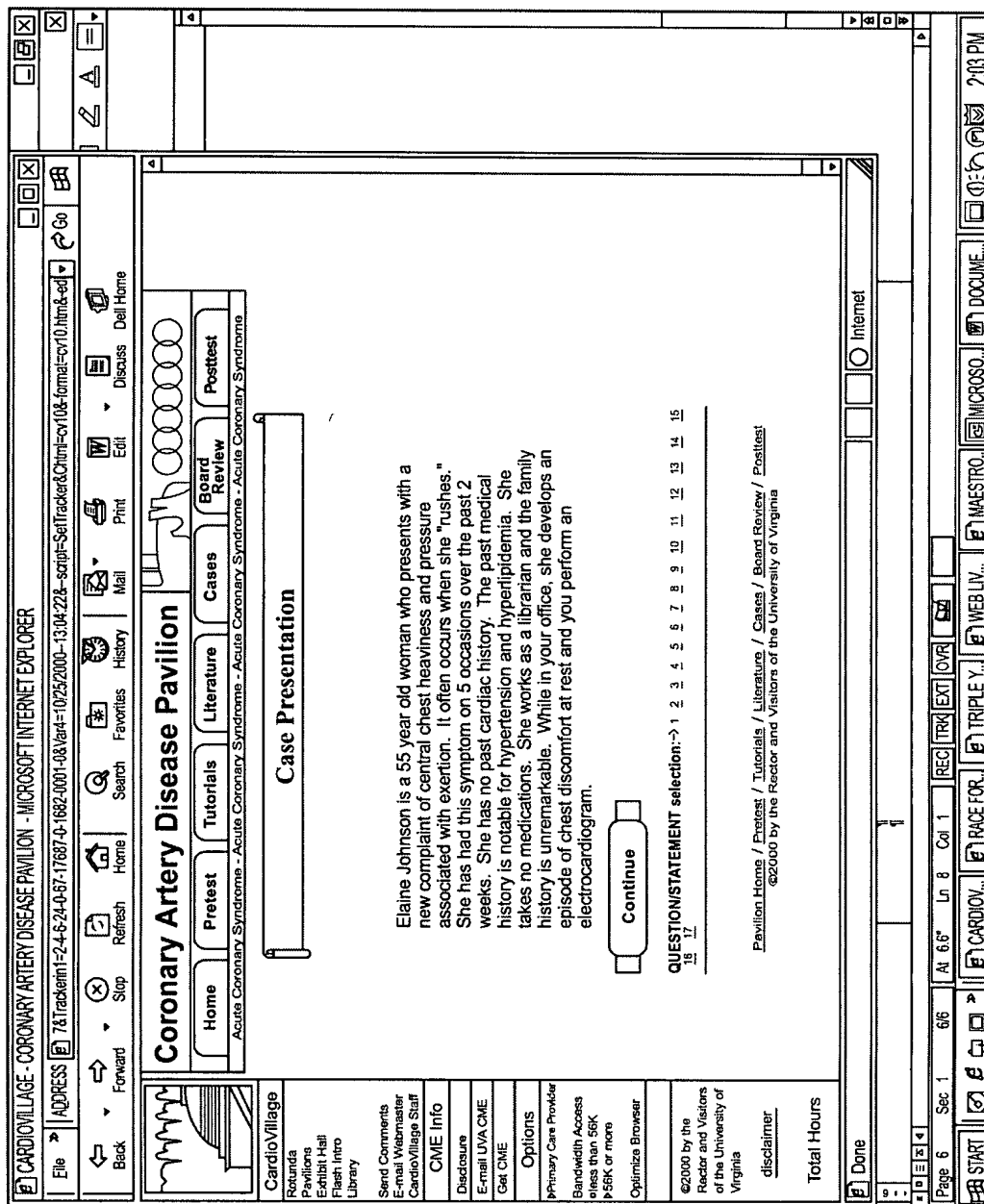


FIG. 23

2400

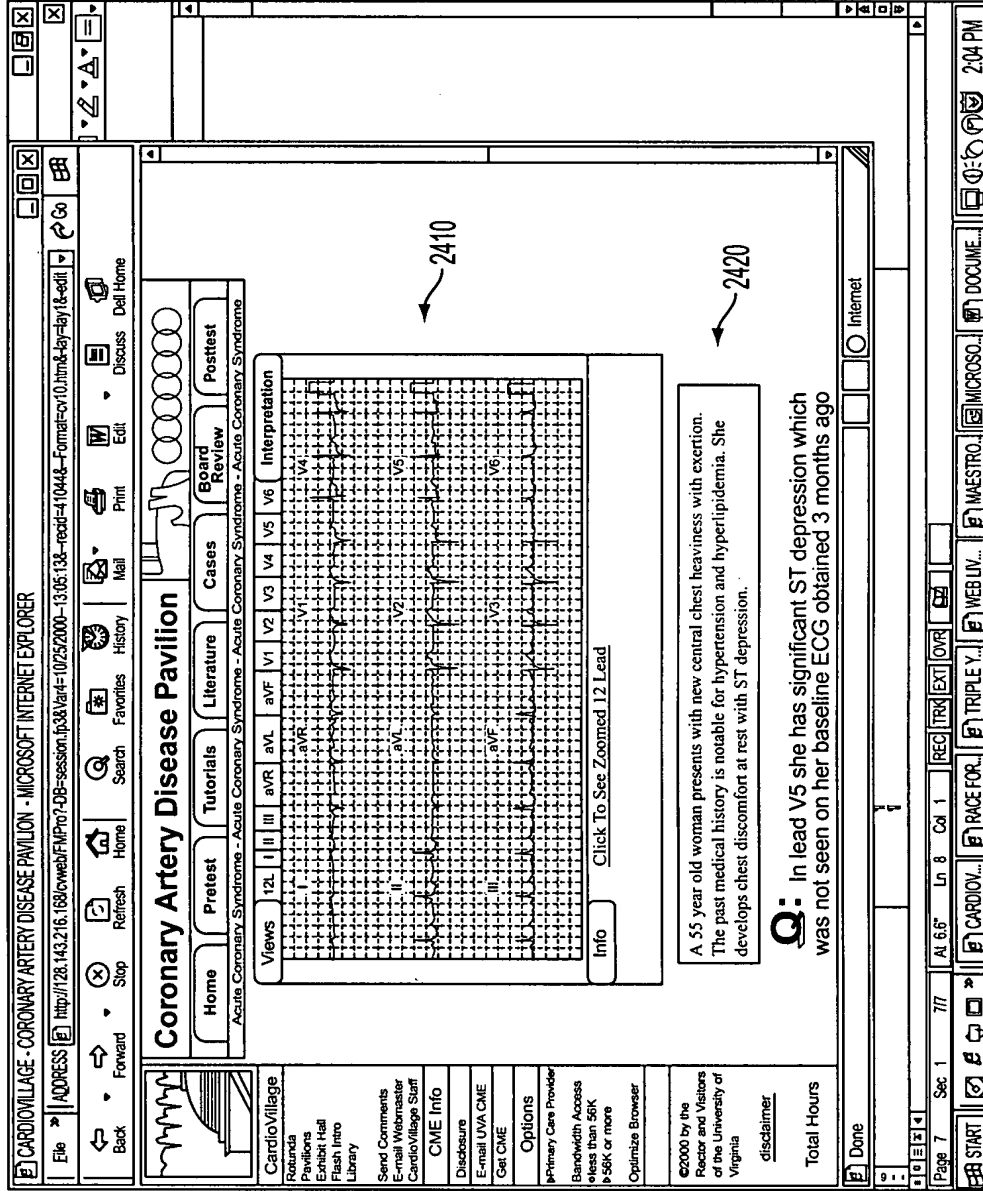


FIG. 24A

24

01 P E JC98
FEB 25 2003
PATENT & TRADEMARK OFFICE

2400

CARDIOVILLAGE - CORONARY ARTERY DISEASE PAVILION - MICROSOFT INTERNET EXPLORER

File Edit View Favorites Tools Help

Address http://128.143.216.168/cwweb/MPPro2-DB-session.jsp?var=107252000-1305138-read=4104&Format=cr10.html&log=day/1&=edit

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit Discuss Dell Home

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Virginia
Disclaimer
Total Hours
.08

A 55 year old woman presents with new central chest heaviness with exertion. The past medical history is notable for hypertension and hyperlipidemia. She develops chest discomfort at rest with ST depression.

Q: In lead V5 she has significant ST depression which was not seen on her baseline ECG obtained 3 months ago during routine evaluation. The TIMI IIIb trial studied patients such as this with unstable coronary syndromes and ST depression on the ECG. In TIMI IIIb, treatment of such patients with tissue plasminogen activator (TPA) resulted in

a. improvement in LV ejection fraction.
b. reduction in mortality only.
c. reduction in mortality and infarct size.
d. worsened outcome due to excess myocardial infarction.

Choose an answer from above to continue or click the button below to skip this question

Previous Continue

QUESTION/STATEMENT selection: 1 -> 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Pavilion Home / Pretest / Tutorials / Literature / Cases / Board Review / Posttest
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Done

Page 8 Sec 1 88 At 6.2 Ln 6 Col 1 REC TRK EXT OVR

START CARDIOV... RACE FOR... TRIPLE X... WEB LIV... MAESTRO... MICROSO... DOCUMENT... 2:05 PM

FIG. 24B